## STATE OF COLORADO

# COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT Water Quality Control Division

Water Quality Control Division
4300 Cherry Creek Drive South B2 Permits
Denver, Colorado 80246-1530

b)

c)

In the case of a partnership, by a general partner.

In the case of a sole proprietorship, by the proprietor.



For Agency Use Only				
Date Received//				
Effective Date//				

## CHANGE OF CONTACT(s) for all PERMITS, CERTIFICATIONS, AND AUTHORIZATIONS

This form must be submitted for changes made to any of the contacts or information listed below. PHOTO COPIES, FAXED COPIES, PDF COPIES OR EMAILS WILL NOT BE ACCEPTED. PERMIT, CERTIFICATION, OR AUTHORIZATION NUMBER (This number does not end in 0000) (A separate form must be prepared for each Permit, Certification, or Authorization covered by these changes.) PERMITTEE (If more than one please add additional pages) ORGANIZATION FORMAL NAME: The legally responsible organization is either the owner or operator of the facility or project to which the permit has been issued, or both if designated as co-permittees by the Division. FACILITY NAME ENTER THE ALL OF THE INFORMATION FOR EACH CONTACT WHERE THERE IS A CHANGE. 1) PERMITTEE the person authorized to sign and certify the permit application. This person receives all permit correspondences and is legally responsible for compliance with the permit. Responsible Position (Title): Currently Held By (Person): Telephone No:\_\_\_\_\_ email address\_\_\_\_\_ Organization: Mailing Address: \_\_\_\_\_ City:\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_ This form <u>must be signed</u> by the Permittee to be considered complete. **Per Regulation 61** In all cases, it shall be signed as follows: In the case of corporations, by a responsible corporate officer. For the purposes of this section, the responsible corporate officer is responsible for the overall operation of the facility from which the discharge described in the application originates.

d) In the case of a municipal, state, or other public facility, by either a principal executive officer or ranking elected official

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2) DMR COGNIZANT OFFICIAL (i.e. authorized agent) the person or position authorized to sign and certify

reports required by permits including Discharge Monitoring Reports [DMR's], Annual Reports, Compliance

p				
	Responsible Position (Title):			
	Currently Held By (Person):			
	Telephone No:		<del></del>	
	email address			
	Organization:			
	Mailing Address:			
	City:	State:	Zip:	
	position of equivalent responsibi	lity, or an individual or p zed representative may t	manager, operator of a well or a well field osition having overall responsibility for er thus be either a <b>named individual</b> or any	nvironmental matters
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### CHANGE OF CONTACT(s) for all PERMITS, CERTIFICATIONS, AND AUTHORIZATIONS

5)		BILLING CONTACT IT different tha	an the permittee	
		Responsible Position (Title):		
		Currently Held By (Person):		
		Telephone No:		
		email address		
		Organization:		
		Mailing Address:		
		City:		
6)	(	OTHER CONTACT TYPES (check be	elow) Add pages if neces	sary:
		Responsible Position (Title):		
		Currently Held By (Person):		
		Telephone No:		
		email address		
		Organization:		<del></del>
		Mailing Address:		<del></del>
		City:	State:	Zip:
[		Pretreatment Coordinator		Compliance Contact
[		<b>Environmental Contact</b>		Stormwater MS4 Responsible Person
		<b>Biosolids Responsible Party</b>		Stormwater Authorized Representative
[		Inspection Facility Contact		Property Owner
		Consultant		Other
REQ	UII	RED CERTIFICATION SIGNATURE [Re	g 61.4(1)(h)]	
in ac subn for g com	co nit atl	rdance with a system designed to as ted. Based on my inquiry of the pers nering the information, the informat	sure that qualified personne on or persons who manage ion submitted is to the best	were prepared under my direction or supervision of properly gather and evaluate the information the system, or those persons directly responsible of my knowledge and belief, true, accurate and galse information, including the possibility of fine
Signa	atu	re (Legally Responsible Party)		Date
Name (printed)				